	•
Boyo	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete	A \$ignature
item 4 if Restricted Delivery is desired.	Agent -
Print your name and address on the reverse so that we can return the card to you.	☐ Addressee
Attach this card to the back of the mailpiece,	A. Received by ( Printed Name) C. Date of Delivery
or on the front if space permits.	D. Is delivery address different from item 1? Divis
1. Article Addressed to:	If YES, enter delivery address below: No
Dr. Darbouze	·
Easterling Correctional Facility	
200 Wallace Drive	
Clio, AL 36017	
010,11230017	3. Service-Type ☐ Certified Mail ☐ Express Mail
	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise
	☐ Insured Mail ☐ C.O.D.
2:060v51) (cmp + order 40	Restricted Delivery? (Extra Fee)
2. Article Number	.03
(Fransfer from service label) 7005 11	60 0001 2962 4356
PS Form 3811, February 2004 Domestic Rei	turn Receipt 102595-02-M-1540
Bowo	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete	A. Signature
item 4 if Restricted Delivery is desired.  Print your name and address on the reverse	Agent Addressee
so that we can return the card to you.	B. Received by (Printed Name) C. Nate of Delivery
Attach this card to the back of the mailpiece, or on the front if space permits.	16/14/06
1. Article Addressed to:	D. Is delivery address different from tem 1?  es
Ms. Wilson	If YES, enter delivery address below:
,	
Easterling Correctional Facility	
200 Wallace Drive	
Clio, AL 36017	
	3. Service Type □ Certifled Mail □ Express Mail
	☐ Registered ☐ Return Receipt for Merchandise
_	☐ Insured Mail ☐ C.O.D.
2:060x511 (cmplane 40 Dy	
	. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service labs) 7005 1116	Restricted Delivery? (Extra Fee)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540